

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12	1					
13						
14						
15						
16						
17						
18	1					
19						
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22						
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24						
25			1			
26						
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30			1			
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37			1			
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42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	3		3			
TOTAL DEP.	21	←	21	←	←	
TOTAL CLAIMS	24		21			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.					↓	
TOTAL DEP.		←			↓	
TOTAL CLAIMS					←	←